



Sac and Fox Nation

Tribal School Clothing/School Supply Grant Application
920883 S. Highway 99
Stroud, Oklahoma 74079
918-968-3526 Ext. 2043 & 2044

OFFICE USE ONLY

Received _____

TM _____

CDIB _____

Incomplete _____

Initial _____

Application Due by September 12th, 2014

Student Information

Please Print Clearly

*****PROVIDE A COPY OF CDIB*****

Application No.: _____

Application Date: _____

Student's Last Name _____

First Name _____

Middle _____

Social Security Number _____

Date of Birth _____

Sac and Fox Nation Roll # _____

PARENT/GUARDIAN INFORMATION:

Last Name _____

First Name _____

Middle _____

Address _____

City _____

State _____

ZIP _____

Home Phone No.: _____ Work Phone No.: _____

I REQUEST THE SCHOOL TO VERIFY ENROLLMENT AND/OR ATTENDANCE FOR THE ABOVE NAMED STUDENT.

Parent /Legal Guardian Signature _____

Date _____

Admissions Office

This section to be completed by school official

Student Name: _____ Grade: _____ School Year: 2014-2015

I certify the above student is currently enrolled and attending:

Name of school _____

Address _____ Telephone No. _____

Signature of School Official: _____

Title: _____ Date: _____

(School Stamp/Seal)

*****Tribal Office Use Only*****

Date Approved: _____ Education Department: _____

APPLICANT: PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that the above information on this form is true and correct to the best of my knowledge. I declare that I will use any funds I receive from the Sac and Fox Nation School Clothing Grant and/or School Supplies Grant solely for their intended purpose and solely for the benefit of the student named on this application. I understand that I must comply with all requirements of the program in order to receive continued funding by the Sac and Fox Nation.

Signature of Applicant (Parent or Legal Guardian)

Date

*****Tribal Use Only*****

Date Approved _____ Education Department _____